


**\*SAMPLE CERTIFICATION OF DESTRUCTION**

I, \_\_\_\_\_, representing  
(Name of Requestor or Custodian)

\_\_\_\_\_ certify that the  
(Name of Organization)

following Centers for Medicare & Medicaid Services  records have been destroyed.

<u>Name of File</u>	<u>Data Set Name</u>	<u>Vol/Ser</u>	<u>Years of Data DUA #</u>
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This destruction certificate closes the corresponding data use agreement(s).

\_\_\_\_\_  
(Typed Name and Title)

\_\_\_\_\_  
(Signature and Date)

\*On Organizational Letterhead